



State of Utah
Department of Workforce Services
Employment Termination

PLEASE USE A
BLACK BALL POINT
PEN TO COMPLETE
FORM

Case Name: _____ Case #: _____
Employed Person: _____ Date: _____

ATTENTION CUSTOMER: (Please read and sign)

I authorize any person or institution to release information to the Department of Workforce Services. I understand that this information is **confidential** and will be used only to prove my eligibility for benefits or to determine an appropriate level of participation in employment activities. Any person or institution that gives this information is released from any liability.

Customer Signature

Date

Remember changes of employment need to be reported within 10 days of the change.

Have you applied for unemployment compensation? ☐ Yes ☐ No

ATTENTION EMPLOYER: The above named customer reports she/he no longer works for you. Please complete this section & return form to employee or directly to DWS. If returning to DWS, provide the following information to the local DWS office, or fax to (801) 526-9500. Toll free 1-877-313-4717. Do **NOT** send this form to the Unemployment office.

Was this employee working more than 30 hours per week earning minimum wage or more? ☐ Yes ☐ No

Date of hire: _____ Last day worked: _____

Date final check available to the employee: _____

Gross amount of final paycheck: \$ _____

Total **gross pay** employee received in the final month: \$ _____

Did employee receive severance pay or vacation pay out separate from their last check? \$ _____

Reason for leaving: ☐ Quit (list reason) _____ ☐ Laid off (date) _____

☐ Fired (list reason) _____ ☐ Leave of absence (length) _____

☐ Other (reason) _____

Is there an option for continued medical insurance? ☐ Yes ☐ No If yes, at what cost? _____

If yes, please list insurance carrier _____, Group # _____, Policy # _____, and COBRA amount \$ _____.

Does the employee have any retirement and/or 401K benefits? ☐ Yes ☐ No If yes, how much? _____

Any additional comments: _____

Name of Company

Phone Number

Position/title

Printed Name

Signature

Date

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

